

R&T - L

Release Form



TEXAS COUNCIL *for* DEVELOPMENTAL DISABILITIES

Release Form

For due consideration of service that may be rendered, I do hereby authorize the Texas Council on Developmental Disability (TCDD) and those acting pursuant to its authority to:

- a Record my participation and appearance on videotape, audio tape, film, photograph or any other medium,
- b Use my name, likeness, voice and biographical material in connection with these recordings,
To exhibit or distribute such recordings in whole or in part without restrictions or limitation for any educational purpose for which the TCDD and those acting pursuant to its authority, deem appropriate.

Any materials I use, I hereby warrant to be:

- a Under my copyright or ownership,
- b In public domain,
- c Released to me personally for use without restriction by owner.

I understand that no royalty, or other compensation of any character shall become payable to me by reason of such use or release.

Name: _____
(please print)

Signature: _____ Date: _____

Witnessed by: _____ Date: _____